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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Del*  
 This appln claims benefit of 60/414,694 09/26/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Del*  
*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		

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TITLE  
 Neuroprotective agents

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